



# BOARD OF BEHAVIORAL SCIENCE EXAMINERS ENFORCEMENT PROGRAM

400 R Street, Suite 3150, SACRAMENTO, CA 95814-6240  
TELEPHONE: (916) 445-4933 TDD (916) 322-1700



## CONSUMER COMPLAINT FORM

**PLEASE PRINT OR TYPE. Please provide all the requested information.**

PERSON FILING COMPLAINT				
NAME		HOME PHONE ( )		
ADDRESS: NUMBER AND STREET		CITY	BUSINESS PHONE ( )	
STATE	COUNTY	ZIP CODE		
COMPLAINT FILED AGAINST				
NAME (Include license or registration number, if known.)			BUSINESS PHONE ( )	
GROUP / HOSPITAL / CLINIC				
ADDRESS: NUMBER AND STREET		CITY	COUNTY	STATE ZIP CODE

Have you contacted your local Law Enforcement Agency (e.g., police department, sheriff, military police, etc.) or the District Attorney's Office? If so, what was the name and telephone number of the person to whom you spoke and what was the response?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to be contacted by a representative of the BBSE, including the Division of Investigation staff?

\_\_\_\_\_

\_\_\_\_\_

Have you, or do you intend to file a civil lawsuit? Is there any pending litigation? If so, please give details, including the case number and the court in which it was filed.

\_\_\_\_\_

\_\_\_\_\_

On a separate sheet of paper, please summarize the details of your complaint as clearly and as completely as possible. Include your relationship to the licensee (e.g., client), the location and dates of therapy as best you can remember them, the name, address and telephone number of any witness, and copies of any documentation you may have regarding your complaint. Be sure to also sign and date any documentation you may be submitting with your complaint. Do not send original documentation **copies only!**

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BOARD OF BEHAVIORAL SCIENCE EXAMINERS  
ENFORCEMENT PROGRAM**400 R Street, Suite 3150, SACRAMENTO, CA 95798-9004  
TELEPHONE: (916) 445-4933 TDD (916) 322-1700**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby authorize  
(Complainant/Client - include date of birth and social security number \*)

\_\_\_\_\_, to disclose all

(Person or entity and telephone number from which information may be obtained)

records and information and answer any questions pertaining to  
the course of my diagnosis and treatment to the Board of  
Behavioral Science Examiners and the Board's investigators, upon  
their request only, to allow them to process my complaint against

\_\_\_\_\_.

(Person being complained about - include license/registration number, if any)

I understand this information will be maintained in confidence  
and will be used solely in conjunction with any investigation and  
possible proceedings regarding any violations of California Laws  
and Regulations of the Board.

This authorization shall be valid until completion of an  
investigation and any proceedings arising out of the  
investigation, but in no case longer than five years from the  
date of this authorization. A copy of this authorization shall  
be as valid as the original. I understand that I may receive a  
copy of this release.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Client)

**or**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Client's Representative/Relationship)

\* Date of birth and social security number are needed to positively establish  
the identity of the complainant/client.